Nova Scotia Provincial Pharmacare Programs Request for Coverage of Sensipar (cinacalcet) for sHPT (secondary hyperparathyroidism)

□ Initial Request □ Renewal request						
PATIENT INFORMATION						
PATIENT SURNAME	PATIENT GIVEN NAME		HEALTH CARD NUMBER			DATE OF BIRTH
PATIENT ADDRESS						
ELIGIBILITY CRITERIA						
For the treatment of patients with chronic kidney disease on dialysis with secondary hyperparathyroidism with iPTH >88 pmol/L on more than one occasion 6 weeks apart who are:						
Not responding to optimal doses of Vitamin D analogues or phosphate binders (calcium or non-calcium based) AND						
□ Not a surgical candidate due to surgical or anesthetic risk OR						
Awaiting kidney transplant						
Initial serum calcium level: mmol/L (Serum calcium greater than or equal to 2.2 mmol/L)						
DIAGNOSTIC INFORMATION AND MEDICATION HISTORY						
iPTH levels (must be >88 pmol/L)	Date of Labs (must be at least 6 weeks apart)	Drug Therapy		Product and Dose	(Response to Therapy (Intolerance/contraindication/non- response)
		Phosphate Binder				
		Vitamin D Analogue				
Clinical symptoms suggesting impairment in quality of life:						
RENEWAL CRITERIA						
Coverage for cinacalcet will be renewed if there is a greater than 30% decrease in iPTH after at least 3 months with escalating dose, indicating the patient is responding.						
Current iPTH level: pmol/L Date of screening:						
CLINICAL NOTES						
PRESCRIBER NAME & ADDRE	SS					
	PRESCRIBE	PRESCRIBER SIGNATURE			DATE	
If you need assistance, please contact the Pharmacare Office at (902) 496-7001 or 1-800-305-5026 Please Return Form To: Nova Scotia Pharmacare Programs						
P.O. Box 500, Halifax, NS B3J 2S1						

Fax: (902) 496-4440

